| | · | | | | A GRE | | | <u> </u> | - | • . | | | | | |
|--|--|---|---|--------------|---|-------------------------------------|--------------|----------|------------------------------|--------------------|------------------------|-------|-------------------------|----------------------------|----------------|
| | | | | | | | | | Application or Docket Number | | | | | | |
| PATENT APPLICATION FEE DETERMINATION RECO | | | | | | | | | RD 09/37/769 | | | | | | _ |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | | SMALL ENTITY TYPE | | OR | OTHE | OTHER THAN SMALL ENTITY | |
| FOR | | | | NUMBER FILED | | | NUMBER EXTRA | | | RATE FEE | | 7 | RATE | FE | E |
| BAS | SIC FEE | <u>·</u> | | | | | | | | | 395.00 | OR | | 200 | 7.7Z |
| TOTAL CLAIMS | | | 14 minus 20 = | | | • | | | | x\$11= | | OR | x\$22= | | _ |
| INDEPENDENT CLAIMS | | | 5 minus 3 | | | . 2 | | | Ì | x41= | , | OR | 25- | 10 | E |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | t | +135= | | OR | +270= | 0 | | |
| " If the difference in column 1 is less than zero, enter "O" in column 2 | | | | | | | | | Ĺ | TOTAL | | 1 | TOTAL | (G/) X | 70 |
| | | | | | | | | | | | L | l or | TOTAL | 1200 | |
| 7- | 3-06 | 3-06 (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL ENTITY | | | OTHER THAN SMALL ENTITY | | |
| NDMENT A | | REM/ | AIMS AINING TER DM E NT | | HIGHEST NUMBER PREVIOUS PAID FOR | | PRES EXT | | | RATE | ADDI- TIONAL FEE | | RATE | ADD TION FEE | AL |
| | Total | • | 17 | Minus | •• | 20 | = \ | | Ī | x\$11= | | OR | x\$22= | | |
| | Independent | • | 2 | Minus | ••• | 5 | = | | ľ | x41= | | OR | x82= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | T | +135= | | OR | +270= | 1 | |
| 13, | , 47, (Column 1) (Column 2) (Column 3) | | | | | | | | ٨٥ | TOTAL DIT. FEE | | OR , | TOTAL ADDIT. FEE | | \overline{A} |
| AMENDMENT B. | | CLAIMS REMAINING AFTER AMENDMENT | | NU PREV | | GHEST IMBER VIOUSLY ID FOR | PRES | | | RATE | ADDI- TIONAL FEE | | RÀTE | ADD TION/ FEE | AL |
| | Total | . 1 | 7 | Minus | / | $\mathcal{I}(\mathcal{I})$ | - | | | x\$11= | | OR | x\$22= | | |
| | Independent | | 2 | Minus | 0 | 3 | = / | | F | x41= | | OR | x82= | | 7 |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | +135= | | OR | +270= | | _: |
| | (Column 1) (Column 2) (Column 3) | | | | | | | | | TOTAL ADDIT FEE | | | ADDIT FEE | | |
| AMENDMENT C | | AF | IMS INING IER DMENT | | PRE | CHEST IMBER VIOUSLY ID FOR | PRESI EXT | | | RATE | ADDI- TIONAL FEE | | RATE | ADDI TIONA FEE | uL; |
| | Total | • | | Minus | •• | | = | | [| x\$11= | | OR | x\$22= | | _ |
| | Indopondant | • | | Minus | ••• | | e . | | r | x41= | | OR | x82= | | |
| Z | | | | | | | | | | | | | | | _ |

BEST AVAILABLE CORV

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
"If the Tilghest Number Previously Paid For" In THIS SPACE is less than 20, enter "20."

*** If the Tilghest Number Previously Paid For" In THIS SPACE is less than 3, enter "3."

*** If the Tilghest Number Previously Paid For" (Total or Independent) is the Nighest number found in the appropriate box in column 1.

Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Palort and Tradomert Office, U.S. DEPARTMENT OF COMMERCI

OR

+270=

TOTAL OR ADDIT. FEE

+135=

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